



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

REVISED COPY

April 16, 2015

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, ID 83201

License #: RC-502

Dear Ms. Thomas:

On February 23, 2015, a Fire Life Safety Survey and Complaint Survey were conducted at Quail Ridge Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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March 3, 2015

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, ID 83201

Dear Ms. Thomas:

On February 23, 2015, a Fire Life Safety Survey was conducted at Quail Ridge Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 25, 2015.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mark P. Grimes". The signature is fluid and cursive, with a long horizontal line extending to the right.

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2015
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NAME OF PROVIDER OR SUPPLIER QUAIL RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 797 HOSPITAL WAY POCATELLO, ID 83201
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 23, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name QUAIL RIDGE ASSISTED LIVING	Physical Address 797 HOSPITAL WAY	Phone Number 208-233-8875
Administrator JODI THOMAS	City POCATELLO	ZIP Code 83201
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date MAR 27 2015 2/23/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	1 OF 4		
1	405.05	(1) - STAIRWELL CLOSET LOCATED @ SOUTHWEST OF BUILDING IMPROPERLY USED FOR STORAGE & OPENS INTO STAIRWELL	3/3/15	8
		(2) - WATER TEMPS IN (6) ROOMS - 405, 301, 302, 309, 312, 101 EXCEEDED 120°. RECORDS INDICATE ALL WATER TEMPS AVERAGE 130°	2/27/15	8
		(3) - "LIVE" TYPE CHRISTMAS WREATH COMPLETELY DRIED UP HANGING OVER DOOR TO ROOM 513	2/23/15	8
		(4) - EXCESSIVE LINT BUILT UP ON TRUSSES & SUSPENDED CEILING ABOVE LAUNDRY IN 400 WING	2/25/15	8
2	415.02	(1) - RTU'S ON ROOFTOP NOT MAINTAINED - INSPECTION REPORTS PROVIDED SHOW MULTIPLE PROBLEMS - LOCK-OUT/TAG-OUT PROCEDURES INCONSISTANT	3/2/15	8

Response Required Date 3/23/15	Signature of Facility Representative 	Date Signed 2-24-15
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Facility Name QUAIL RIDGE ASSISTED LIVING	Physical Address 797 HOSPITAL WAY	Phone Number 208-233-8875
Administrator JODI THOMAS	City POCITELLO	ZIP Code 83201
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 2/23/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	2 OF 4		
3	415.05	NO QUARTERLY SPRINKLER TESTING HAS BEEN COMPLETED SINCE 2013	3/2/15	SB
4	415.01	(1) - HOOD SYSTEM OVER COMMERCIAL STOVE HAS A 6" GAP BETWEEN FILTERS	3/5/15	SB
		(2) - ANSUL SYSTEM DOES NOT PROTECT DEEP-FAT FRYER	2/24/15	SB
		(3) - NO SPRINKLER COVERAGE IN WALK-IN FREEZER & REFR		
		- NOTED BY FIRE MARSHAL - SB		
		(4) - MISSING SPRINKLER ESCUTCHIONS @ MAINTENANCE OFFICE, 400 LAUNDRY & RESIDENT ROOM 503	3/17/15	SB
		(5) - PAINTED (3) SPRINKLER HEADS @ 401; (1) @ 400 WING LAUNDRY	3/17/15	SB
		(6) - THREE ARE (3) LOADED SPRINKLER HEADS - BLOCKED WITH GREASE @ KITCHEN DIA	3/17/15	SB
		(7) - DIETARY KITCHEN OFFICE SPRINKLER HEAD CORRODED	3/17/15	SB
5	405.01	(1) - OPEN 4" SQUARE ELECTRICAL BOX ABOVE SUSPENDED CEILING @ 200-100 WING SMOKE BARRIER & 3" DIAM. JUNCTION @ HOUSEKEEPING	2/25/15	SB
		(2) - EXPOSED WIRES (NOT IN BOX) ABOVE CEILING @ ELEVATOR MECHANICAL RM	2/24/15	SB

Response Required Date 3/23/15	Signature of Facility Representative 	Date Signed 2-24-15
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Administrator JODI THOMAS	City POCATELLO	ZIP Code 83201
Survey Team Leader Sam Burbank	Survey Type FLS	Survey Date 2/23/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
		3 OF 4		
6	405.05	(1) - MISSING CEILING TILES @ JANITOR CLOSET IN 500 WING & ELEVATOR MECHANICAL RM 600 WING	2/24/15	SB
		(2) - [PENETRATIONS THROUGH SMOKE BARRIERS] - (8) @ BOILER RM; (9) ABOVE CEILING IN 300 WING; (6) FROM LAUNDRY TO OUTSIDE WALL @ 600 WING THROUGH TO STAIRWELL - MAINTENANCE ACKNOWLEDGED THESE AS SYSTEMIC	3/12/15	SB
		(3) - SMOKE BARRIER DOORS NOT CLOSING @ 600 WING & 200 WING	2/25/15	SB
		(4) - RESIDENT ROOMS 303 & 312 EXCESSIVE GAPS & WON'T RESIST SMOKE	3/2/15	SB
		(5) - NO 30 SECOND & 90 MINUTE TESTING FOR BATTERY EXIT LIGHTS	3/10/15	SB
		(6) - HAZARDOUS AREA DOORS NOT SELF-CLOSING @ LAUNDRY BY ASSEMBLY RM; LAUNDRY BY 501 CHECKED OPEN; STORAGE @ 1ST FLOOR BY ACTIVITIES	3/2/15	SB
		(7) - NON SINGLE OPERATIONAL LOCKS - DOOR TO MEDICAL ON FIRST FLOOR EQUIPPED WITH DEADBOLT; JANITORIAL IN 400 WING EQUIPPED WITH DEADBOLT; CLOSET UNDER STAIRS EQUIPPED WITH DUAL - KEY AND DEADBOLT	2/26/15	SB

Response Required Date 3/23/15	Signature of Facility Representative 	Date Signed 2-24-15
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March 6, 2015

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, ID 83201

Provider #:

Dear Ms. Thomas:

On **February 23, 2015**, a Complaint Investigation survey was conducted at Quail Ridge Assisted Living. Sam Burbank, Life Safety Code Inspector conducted the complaint investigation.

The complaint allegations, findings and conclusions are as follows:

Complaint #ID00006867

ALLEGATION #1:

The facility failed to properly install dryer ducting which resulted with lint discharging into the interstitial space of the suspended ceiling.

FINDINGS/CONCLUSION:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.405.05 for lint remaining in the interstitial space of the suspended ceiling outside the 400 wing laundry. The facility was required to submit evidence of resolution within 30 days.

Jodi Thomas, Administrator
March 6, 2015
Page 2 of 2

ALLEGATION#2:

The facility's roof was not well-maintained.

FINDINGS:

On February 23, 2-15 at 3:45 PM, the roof was observed to be free of trip hazards and all other identified concerns were observed to be remedied.

On February 23, 2015 between 3:45 PM and 4:30 PM, the Facility Engineer stated, when he was hired, he was informed of maintenance issues on the roof and immediately had the issues corrected and/or repaired.

On February 23, 2015, the facility maintenance records and documentation from the local gas company confirmed all identified issues had been addressed and/or repaired.

CONCLUSION:

Substantiated. However, when the facility was informed of the concerns, they immediately corrected all of the issues and the roof was observed to be well-maintained.

Based on the findings of the complaint investigation, deficiencies were cited and included on the Statement of Deficiencies and Plan of Correction forms. No response is necessary to this complaint's findings letter, as it will be addressed in the provider's Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



Mark P. Grimes, Supervisor
Facility Fire Safety and Construction

MPG/lj